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Substitute for form 1449/PTO	Complete if Known		
	Application Number	Unassigned	
INFORMATION DISCLOSURE	Filing Date	Herewith	
	First Named Inventor	Matthias Mrzyglod	
STATEMENT BY APPLICANT	Art Unit		
(Use as many sheets as necessary)	Examiner Name		
Sheet 1 of 1	Attorney Docket Number	2002P01123WOUS	

				DOCUMENTS	
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Occument	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	Π
		Country Code ³ Number ⁴ Kind Code ⁵ (# known)	MM-DD-YYYY		Or Relevant Figures Appear	T'
/PES/		DE 24 14 961 A1	10-16-1975	Doelz, Heinrich		
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Examiner Signature	/Philip Stimpert/	Date Considered	10/03/2007

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